

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 728938

1. Entity Name

PORTOBELLO OWNERS ASSOCIATION, INC.

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90112 034 ****61.25

Principal Place of Business

Mailing Address

3235 GULF OF MEXICO DR
 LONGBOAT KEY FL 34228
 US

C/O BETH CALLANS MGMT
 550 BAY ISLES RD
 LONGBOAT KEY FL 34228-3129
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1885871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CALLANS, BETH
 C/O BETH CALLANS MGMT CORP
 550 BAY ISLES RD
 LONGBOAT KEY FL 34228

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Beth Callans

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------------------------|--|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | BAHR, ARTHUR | |
| STREET ADDRESS | 3235 GULF OF MEXICO DR UNIT A203 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | VPD | <input checked="" type="checkbox"/> Delete |
| NAME | BABIK, JERRY | |
| STREET ADDRESS | 3235 GULF OF MEXICO DR UNIT A301 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | KLARE, RICHARD | |
| STREET ADDRESS | 3240 GULF OF MEXICO DR UNIT B307 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | ROGERS, DAVID | |
| STREET ADDRESS | 3240 GULF OF MEXICO DR UNIT B103 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | PETERSON, GLENN | |
| STREET ADDRESS | 3235 GULF OF MEXICO DR UNIT A406 | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |
| TITLE | AT | <input type="checkbox"/> Delete |
| NAME | CALLANS, BETH | |
| STREET ADDRESS | 550 BAY ISLES RD | |
| CITY-ST-ZIP | LONGBOAT KEY FL 34228 | |

| | | |
|----------------|------------------------|--|
| TITLE | S/AT | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | WILLIAM RADEMACHER | |
| STREET ADDRESS | 3235 GULF OF MEXICO DR | |
| CITY-ST-ZIP | LONGBOAT KEY, FL 34228 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Beth Callans
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/22/00

CR2E037 (9/99)